

Turning Leaf Community Support Services Incorporated

2nd Floor – 2585 Portage Avenue

Winnipeg, Manitoba R3J 0P5

Phone: 204-221-5594 ext.219 Fax: 204-219-1821 (Attn: Melissa Falk)

Turning Leaf (Inc.) Referral Form	Assessment		Residential	
	Respite		Day Service	
	Community Support		Transitional/Stabilization	
	Family Counseling		Guided Living	

(Please check applicable boxes)

Participant Information

Name: _____ Sex: _____ D.O.B: _____

Address: _____

Home Phone _____ Work Phone _____ Cell: _____

Occupation: _____ Employer: _____

Marital Status _____ Name of Spouse/Partner _____

Emergency Contact: _____

Immediate family: _____ Languages: _____

PHN#	SIN #
Treaty/Band #	

Referring Agency Information:

	Address	Phone/Email
CSW:		
Care provider:		
Mental health worker:		
EIA:		
SDM:		
Other:		

Agencies Currently Involved:

Agency	Worker / Contact	Address / Phone	Services provided



Medical Information

Diagnoses (physical/cognitive/mental health):		
Physician(s):		
Psychiatrist:		
Medications	Dose	Purpose
Does the participant require any assistance with his/her medications?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical challenges:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate:
Addictions:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate:
Hospitalizations:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cause for Treatment:

Educational/Vocational involvements

Currently enrolled in school?	Yes <input type="checkbox"/> No <input type="checkbox"/>	School:	Contact:
Enrolled in a day program?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Agency:	Contact:
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	F/T <input type="checkbox"/> P/T <input type="checkbox"/>	Employer:	

Conflict with the law

Currently in Custody?		
Type of offenses		

Reason for referral: Please identify presenting issue (e.g., symptomatic behavior, participant needs, etc.) and/or goals for service.



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Please identify at-risk behaviors (e.g., behavior that places the participant or others at risk)

**Please attach all relevant psychological, educational, law conflict, and vocational reports to
this form and forward to:**

Intake Coordinator
Turning Leaf Community Support Services Incorporated
Phone: 204-221-5594 ext. 219 Fax: 204-219-1821

